

NOV. 3. 2003 11:37AM

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NO. 5341 P. 1

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FACSIMILE TRANSMISSION

Total # of Pages 45 (including this page)

TO:	PHONE #:	FAX #:
Shin Lin Chen Art Unit No. 1632 U.S. Patent and Trademark Office	(703) 305-1678	(703) 872-9306

From : Stacy L. Taylor

Email Address : staylor@foleylaw.com

Sender's Direct Dial : 858.847.6720

Date : November 3, 2003

Client/Matter No : 041673-2054

User ID No : 3054

MESSAGE:

Applicant: Tuszynski, Mark H.
Title: METHODS FOR THERAPY OF NEURODEGENERATIVE DISEASE OF THE BRAIN
Appl. No.: 10/032,952
Filing Date: 10/26/2001
Examiner: Shin Lin Chen
Art Unit: 1632

FOR DISCUSSION PURPOSES ONLY

Attached is the Response to Office Action previously filed on October 2, 2003.

This fax also serves to confirm the interview scheduled with Stacy L. Taylor for tomorrow, November 4, 2003, at 2:00 p.m. EST.

If there are any problems with this transmission or if you have not received all of the pages, please call .

Operator:	Time Sent:	Return Original To: Michelle L. Simpson
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CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Atty. Dkt. No. 041673-2054

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 03 2003

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CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<u>Michelle Simpson</u> (Printed Name)	
<u>Michelle Simpson</u> (Signature)	
<u>October 2, 2003</u> (Date of Deposit)	

AMENDMENT TRANSMITTAL

Commissioner of Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application, along with the following documents:

- [X] Declaration of Mark H. Tuszynski, M.D. filed in parent Application No. 09/620,174 (16 pages).
- [X] Stevenson, *et al.*, *J. Virol.*, 71:145-151 (1997) (7 pages).
- [X] Hermens and Verhaagen, *Prog. Neurobiol.*, 55:399-432 (1998) (2 pages).
- [X] Petition for Extension of Time (2 pages).
- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Atty. Dkt. No. 041673-2054

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	20	<input type="checkbox"/>	20	=	0	x	\$18.00	=	\$0.00
Independents:	1	<input type="checkbox"/>	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$950.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:			\$950.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$55.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$950.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$475.00
TOTAL FEE:			\$475.00

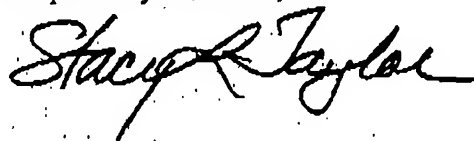
[X] Please charge Deposit Account No. 50-0872 in the amount of \$475.00. A duplicate copy of this transmittal is enclosed.

Atty. Dkt. No. 041673-2054

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



By _____

Date October 2, 2003

FOLEY & LARDNER

Customer Number: 30542

Telephone: (858) 847-6720

Facsimile: (858) 792-6773

Stacy L. Taylor
Attorney for Applicant
Registration No. 34,842

NOV 03 2003

Atty. Dkt. No. 041673-2054

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

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<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.</p> <p><u>Michelle Sympson</u> (Printed Name)</p> <p><u>Michelle Sympson</u> (Signature)</p> <p><u>October 2, 2003</u> (Date of Deposit)</p>
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AMENDMENT AND REPLY UNDER 37 CFR 1.111

Mail Stop FEE AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated April 2, 2003, concerning the above-referenced patent application.

Applicant hereby petitions for a three (3) month extension of time under 37 C.F.R. §1.136 to make this response timely. The Commissioner is hereby authorized to charge the fee due for the requested extension of time, as well as any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.